



STATE OF NEW MEXICO

UNIFORM CRASH REPORT

INSTRUCTION MANUAL

**Transportation Statistics Section
New Mexico Department of Transportation
1120 Cerrillos Road
P.O. Box 1149
Santa Fe, New Mexico 87504
505-827-6866**

PREFACE

Investigating traffic crashes is one of an officer's primary duties. Thus, the "Uniform Crash Report" form was designed to help the officer to systematically conduct and report his investigation; and to aid the various state agencies to obtain necessary data. Information extracted from the form is used for engineering improvement planning, other traffic safety planning, and selective enforcement. Also, the State of New Mexico receives grant money as a result of meeting national standards on the coding of crashes. The form is designed to comply with the standards set forth in the Manual on Classification of Motor Vehicle Traffic Accidents and Model Minimum Uniform Crash Criteria. The report of the officer's investigation must answer questions as to WHERE and WHEN the crash happened; WHO was involved; WHAT the drivers were intending to do, WHAT types of vehicles were involved; and HOW the crash occurred. The officer's findings are utilized by the:

New Mexico Department of Transportation,, Taxation & Revenue Department (Motor Vehicle Division), New Mexico State Police, the Courts and other concerned agencies.

It is the duty of each officer to thoroughly investigate all traffic crashes reported to him/her (even if one or more of the vehicles has been moved) and to submit the required, final, legible uniform crash report form(s). Statute 66-7-207c dictates, "Every law enforcement officer who, in the regular course of duty, investigates a motor vehicle crash of which report must be made as required in this section, either at the time of and at the scene of the crash or thereafter by interviewing participants or witnesses, shall, with in twenty-four hours after completing the investigation, forward a written report of the crash to the New Mexico Department of Transportation". We sincerely appreciate your efforts.

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GENERAL INSTRUCTIONS FOR COMPLETING THE “UNIFORM CRASH REPORT” FORM

1. Please write legibly.
2. If three or more vehicles are involved, use additional “Uniform Crash Report” forms to record the information. Indicate the sheet number on the additional form; fill out the location block and other pertinent information. Sign and date the additional sheets.
3. If necessary, use one form (working copy) at the scene and transcribe the information later to a new form (final copy) in a very legible manner.
4. A measurement diagram should be made at the crash scene. All crash measurements should be made with a tape measure to insure accuracy.
5. When necessary to mark boxes use an “X”. Clearly fill-in.
6. **Only the State of New Mexico Uniform Crash Report form will be accepted by the New Mexico Department of Transportation. All others will be rejected.**

NOTE: THE UCR IS PROVIDED BY THE NMDOT

CRASH
INVESTIGATION
SH 10074
REVISED
March 28, 2005
NMDOT/UCR

STATE OF NEW MEXICO
UNIFORM CRASH REPORT
0000000000

REPORTING DEPARTMENT																		
<input type="checkbox"/> ON PRIVATE PROPERTY		<input type="checkbox"/> FATAL		<input type="checkbox"/> PROPERTY DAMAGE ONLY		<input type="checkbox"/> UNDER \$500		<input type="checkbox"/> HIT AND RUN		Case Number:								
<input type="checkbox"/> INJURY		<input type="checkbox"/> \$500 OR MORE								NMDOT:								
DATE OF CRASH M/D/YR		MILITARY TIME		CITY OCCURRED IN				COUNTY										
SUN M Tu W Th F S		OCCURRED ON: (Route No. or Name)				AT INTERSECTION WITH:				TRIBAL LAND?								
<input type="checkbox"/> OTHER LOCATION		<input type="checkbox"/> FEET		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		OF:		PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST				LAT: LONG:						
<input type="checkbox"/> MILES																		
<input type="checkbox"/> CRASH		<input type="checkbox"/> On Roadway		<input type="checkbox"/> CRASH		<input type="checkbox"/> Overturned		<input type="checkbox"/> Other N-Col		<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Other Vehicle	<input type="checkbox"/> Vehicle on Other Rdwy	<input type="checkbox"/> Parked Vehicle	ANALYSIS CODE:			
<input type="checkbox"/> OCCURRED		<input type="checkbox"/> Off Roadway		<input type="checkbox"/> CLASSIFICATION		<input type="checkbox"/> Rollover		<input type="checkbox"/> R.R. Train		<input type="checkbox"/> Pedal Cyclist		<input type="checkbox"/> Animal		<input type="checkbox"/> Fixed Object		<input type="checkbox"/> Other Object		
VEHICLE NO. 1 HEADED		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		On:				Posted Speed		Safe Speed								
Driver's Full Name				Address														
Driver's License Number		State		Type		Restrictions		Expires		City/State		Zip Code		Phone				
Date of Birth - M/D/YR		Social Security Number		Occupation				Age		Sex (M/F)		Race		Injury Code		OP Code		
Seat Pos		Occupant's Name		Occupant's Address (City, State, Zip)														
Vehicle Yr		Vehicle Make		Color		Body Style		Cargo Body Type		Vehicle Use (1)		Vehicle Use (2)		Towed?		Overall Vehicle Damage:		
License Yr		State		License Plate Number		VIN		US DOT		ICC Docket #		Interstate Carrier?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None		
Number of Axles		Gross Vehicle Weight Rating/Gross Combination Weight Rating		Hazard Placard 4 digit #		OR Hazard Name		AND		1 digit #		Hazard Released?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None		
Carrier's Name		Carrier's Address		Carrier's Zip		Owner's Name		Owner's Address		Owner's Zip		Owner's Telephone						
Insured By: (Name of Company)		Policy Number		Liability Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Trailer or Towed vehicles		Type		Year		Make		License Yr		
Vehicle No. 2 OR PEDESTRIAN HEADED		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		On:				Posted Speed		Safe Speed								
Driver's Full Name				Address														
Driver's License Number		State		Type		Restrictions		Expires		City/State		Zip Code		Phone				
Date of Birth - M/D/YR		Social Security Number		Occupation				Age		Sex (M/F)		Race		Injury Code		OP Code		
Seat Pos		Occupant's Name		Occupant's Address (City, State, Zip)														
Vehicle Yr		Vehicle Make		Color		Body Style		Cargo Body Type		Vehicle Use (1)		Vehicle Use (2)		Towed?		Overall Vehicle Damage:		
License Yr		State		License Plate Number		VIN		US DOT		ICC Docket #		Interstate Carrier?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None		
Number of Axles		Gross Vehicle Weight Rating/Gross Combination Weight Rating		Hazard Placard 4 digit #		OR Hazard Name		AND		1 digit #		Hazard Released?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None		
Carrier's Name		Carrier's Address		Carrier's Zip		Owner's Name		Owner's Address		Owner's Zip		Owner's Telephone						
Insured By: (Name of Company)		Policy Number		Liability Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Trailer or Towed vehicles		Type		Year		Make		License Yr		

ILLUSTRATION NUMBER 1

SPECIFIC INSTRUCTIONS FOR COMPLETING THE CRASH REPORT FORM

LINE 1

CRASH
INVESTIGATION
SH 10074
REVISED
March 28, 2005
NMDOTUCR

STATE OF NEW MEXICO
UNIFORM CRASH
REPORT
0000000000

REPORTING DEPARTMENT 1					
<input type="checkbox"/> ON PRIVATE PROPERTY	<input type="checkbox"/> FATAL <input type="checkbox"/> INJUR Y	PROPERTY Y DAMAGE ONLY	<input type="checkbox"/> UNDER \$500 <input type="checkbox"/> \$500 OR MORE	<input type="checkbox"/> HIT AND RUN	Case Number: NMDOT:

REPORTING DEPARTMENT – Print the entire name of the department making the report. Do not abbreviate.

ON PRIVATE PROPERTY – Place an “X” in this box only when the crash occurs on private property.

FATAL, INJURY, PROPERTY DAMAGE – Place an “X” in the box of the greatest severity level of the crash, a fatality being most severe, etc.

HIT AND RUN – If the crash involves hit and run, an “X” must be placed in the “Hit and Run” box, regardless of the other boxes marked.

CASE NUMBER – Number assigned by the respective law enforcement agency.

STATE OF NEW MEXICO UNIFORM CRASH REPORT NUMBER – Number assigned by the New Mexico Department of Transportation.

LINE 2

DATE OF CRASH M/D/YR	MILITARY TIME	CITY OCCURRED IN	COUNTY

DATE OF CRASH – Numerically enter the month, day and year the crash occurred.

MILITARY TIME – Military time must be entered. 1:00AM is not appropriate.

Examples:

Military Time (It begins at 1 minute after midnight)

12:00 Mid = 24:00
 12:01 AM = 00:01
 1:00 AM = 01:00
 11:59 AM = 11:59

12:00 Noon = 12:00
 1:00 PM = 13:00
 6:00 PM = 18:00
 11:59 PM = 23:59

CITY OCCURRED IN – If the crash occurred within a municipality give the name of the city, otherwise the name of the town, or settlement where crash occurred. Do not abbreviate names.

COUNTY – List County where crash occurred. DO NOT ABBREVIATE county name.

LINE 3

Sun <input type="checkbox"/>	M <input type="checkbox"/>	Tu <input type="checkbox"/>	W <input type="checkbox"/>	Th <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	OCCURRED ON: (Route No. or Name)	AT INTERSECTION WITH:	TRIBAL LAND? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SUN M T W T F SAT (WEEK DAYS) – Indicate by an “X” in proper box the day of week the crash occurred.

OCCURRED ON (Route No. or Name) – Enter the name or number of the street or highway on which the crash occurred. Use assigned route number or street name whenever possible. Locally known or locally used name seldom provides enough information for accurate coding.

AT INTERSECTION WITH – If the crash occurred in the intersection, enter the name or number of the cross street.

TRIBAL LAND – “X” appropriate box.

LINE 4

OTHER LOCATION	<input type="checkbox"/> FEET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OF: PERMANENT LANDMARK – COUNTY LINE – INTERSECTION – MILEPOST	LAT:
	<input type="checkbox"/> MILES	N	S	E	W		LONG:

OTHER LOCATION -Indicate the distance from a permanent point. Make the entry just to the left of the word “Miles.” If the distance is measured in miles, measure to the nearest tenth (1/10) of a mile. If the distance is measured in feet, measure to exact foot. Do not use business names (such as Fred’s Texaco or Wagon Wheel Bar) as reference points.

DIRECTION - Place an “X” in the proper box to indicate the direction (North, South, East, or West) from the permanent point.

PERMANENT LANDMARK, COUNTY LINE, INTERSECTION, MILEPOST-

Indicate the closest permanent landmark (county line, major intersection, culvert, bridge, railroad crossing, etc.). Include all possible identifying numbers such as “Bridge 4766” attached to the railing or “Railroad Grade Crossing Number 21473B” attached to the cross buckle or gate assemblies. If in an urban area, always enter distance from the name of NEAREST intersecting road or street.

DO NOT use city or town limits since these are not permanent points and can be moved.

MILEPOST LOCATION – if mileposts are present on the street or highway on

which the crash occurs ALWAYS indicate measurements and directions from the nearest milepost. Mileposts, if present, are to be used in all instances.

LATITUDE & LONGITUDE – If known, indicate Latitude and Longitude.

LINE 5

CRASH OCCURRED	<input type="checkbox"/> On Roadway	CRASH CLASSIFICATION	<input type="checkbox"/> Over-turned	<input type="checkbox"/> Other N-Col	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other Vehicle	<input type="checkbox"/> Vehicle on Other Rdwy	<input type="checkbox"/> Parked Vehicle	ANALYSIS CODE:
	<input type="checkbox"/> Off Roadway		<input type="checkbox"/> Rollover	<input type="checkbox"/> R.R. Train	<input type="checkbox"/> Pedal Cyclist	<input type="checkbox"/> Animal	<input type="checkbox"/> Fixed Object	<input type="checkbox"/> Other Object	

CRASH OCCURRED -“X” the appropriate box to indicate whether the first harmful event of the crash occurred “on roadway” or “off roadway”.

Definitions:

ON-ROADWAY - A crash is classified “On-Roadway” if it occurs in that portion of the traffic way designed, improved and ordinarily used for vehicular travel. Please note that it includes the centerline, but excludes median, shoulder, roadside and sidewalk. However, if at the time of the crash, the motor vehicle occupied any portion of the roadway, the crash shall be considered to have occurred on the roadway.

OFF-ROADWAY -Off-Roadway applies to any crash in which the first event producing damage or inflicting injury occurs off the roadway. Thus, a crash in which the first event occurs on the shoulder (paved or unpaved), roadside, median, or sidewalk is classified as “Off-Roadway.”

INADEQUATE INFORMATION – If there is insufficient information to determine clearly into which category the crash belongs, classify as “On Roadway” rather than “Off Roadway”

CRASH CLASSIFICATION – “X” the appropriate box in accordance with the description.

ANALYSIS CODE – Enter appropriate analysis code using the “Crash Classification and Analysis” code table.

Example Shown: If you “X” Rollover classification, you would enter 2= Left Side Road

CRASH OCCURRED	<input type="checkbox"/> On Roadway	CRASH CLASSIFICATION	<input type="checkbox"/> Over-turned	<input type="checkbox"/> Other N-Col	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other Vehicle	<input type="checkbox"/> Vehicle on Other Rdwy	<input type="checkbox"/> Parked Vehicle	ANALYSIS CODE:
	<input type="checkbox"/> Off Roadway		<input checked="" type="checkbox"/> Rollover	<input type="checkbox"/> R.R. Train	<input type="checkbox"/> Pedal Cyclist	<input type="checkbox"/> Animal	<input type="checkbox"/> Fixed Object	<input type="checkbox"/> Other Object	

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Overturing Crash	Any crash in which a motor vehicle in transport overturns for any reason without prior crash.	Overtured
Rollover	Any crash in which a motor vehicle in transport rolls over at least 360° with or without prior crash	Rollover
Other Non-Collision Crash	<p>Any crash involving a motor vehicle in transport other than an overturning, rollover, and collision</p> <p>INCLUDES:</p> <p>Accidental poisoning from carbon monoxide generated by a motor vehicle in transport.</p> <p>Breakage of any part of the motor vehicle, resulting in injury or further property damage.</p> <p>Explosion of any part of a motor vehicle.</p> <p>Fall, jump, or being pushed from a motor vehicle.</p> <p>Occupant hit by an object in, or thrown against some part of the motor vehicle.</p> <p>Injury or damage from moving part of the motor vehicle.</p> <p>Object falling from, or in the motor vehicle.</p> <p>Object falling on the motor vehicle.</p> <p>Toxic or corrosive chemicals leaking out of the motor vehicle.</p> <p>Injury or damage involving only the motor vehicle that is of a non-collision nature such as: a bridge giving way under the weight of a motor vehicle, striking holes or bumps on the surface of the traffic way, driving into water without overturning or collision. Vehicles towing a sled, tube or other such device.</p> <p>Other injury or damage which originates upon or in the motor vehicle, excluding events not a hazard of transport such as: a fight between occupants, occupant injured by a burning cigarette, or similar events.</p> <p>EXCLUDES:</p> <p>Carbon monoxide poisoning in a motor vehicle not in transport.</p> <p>Breakage of any part such as fanbelt, tire, or axle if there is no additional damage or injury.</p> <p>Injury or damage resulting from a discharge of a firearm in the motor vehicle.</p> <p>Injury or damage resulting from working on a motor vehicle not in transport.</p>	Other N-Col

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Collision involving Railway Train	<p>Any crash involving a motor vehicle in transport and a railway train or railway vehicle.</p> <p>INCLUDES:</p> <p>Railway train, with or without cars.</p> <p>Motorized railway device.</p> <p>EXCLUDES:</p> <p>Non-motorized devices not set in motion by a railway train or railway vehicle</p> <p>Collisions in which a railway train was involved in a railway transport crash prior to involvement with the motor vehicle, such as derailment, or throwing some part, other road vehicle, animal, or pedestrian against a motor vehicle</p> <p>GENERAL:</p> <p>Motion of the motor vehicle is immaterial; it can be stopped in the path of the railway train or in motion.</p> <p>Whether the motor vehicle or railway train does the actual striking is immaterial.</p>	R.R. Train
Collision involving a pedestrian	<p>Any crash involving a motor vehicle in transport and a pedestrian</p> <p>INCLUDES:</p> <p>Person on foot, sitting, lying, or working upon a land, way, or place.</p> <p>Person in or operating a pedestrian conveyance.</p> <p>EXCLUDES:</p> <p>Person boarding or alighting from another conveyance, except a pedestrian conveyance.</p> <p>Person in the process of jumping or falling from a motor vehicle in transport.</p> <p>Any crash involving a motor vehicle in transport and a pedal cyclist in transport</p>	Pedestrian

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Collision Involving Pedal cyclist	<p>INCLUDES:</p> <p>Any of the following devices in transport:</p> <ul style="list-style-type: none"> Unicycle Bicycle Tricycle Trailers or sidecars attached to any of the above devices <p>EXCLUDES:</p> <p>Pedal cycle towed by a motor vehicle, including: Hitching Unoccupied Pedal cycle</p> <p>GENERAL:</p> <p>A pedal cyclist is any person riding upon a pedal cycle or in a sidecar attached to the pedal cycle.</p> <p>EXCEPTION:</p> <p>A stopped pedal cycle is considered to be in transport if in readiness for transport, such as stopped at a stop sign, traffic light, or waiting in traffic for any reason, if attended, and the pedal cyclist need not be occupying the riding saddle, but not pushing the bicycle.</p> <p>A coasting bicycle pedal cycle with rider in transport.</p> <p>If the motor vehicle and the pedal cycle are in transport, which one does the striking is immaterial.</p>	Pedal Cyclist
Collision Involving Motor Vehicle in Transport	<p>Any crash involving at least two motor vehicles in transport upon the same roadway or upon roadways within an intersection.</p> <p>INCLUDES:</p> <p>Collision with motor vehicle stopped, disabled, or abandoned on a roadway other than an area designated for parking. In addition includes vehicle parts, debris or gravel/rock falling from vehicle or set in motion from the roadway. Towed vehicles or trailers disconnecting.</p> <p>EXCLUDES:</p> <p>Collision with motor vehicle on other roadway.</p>	Other Vehicle
Collision Involving an Animal	<p>Any crash involving a motor vehicle in transport and a herded or unattended animal.</p> <p>INCLUDES:</p> <p>Domestic and wild animals, flying animals such as birds and bats.</p> <p>EXCLUDES:</p> <p>Ridden animals, animal drawn conveyance.</p> <p>GENERAL:</p> <p>Injury to wild animals such as birds and rabbits, is excluded if there is no injury to any person or damage to the motor vehicle.</p>	Animal

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Collision Involving Motor Vehicle on Other Road	<p>Any crash in which a motor vehicle is in transport leaves the roadway on which it is in transport and collides with another motor vehicle in transport on another roadway.</p> <p>INCLUDES:</p> <p>Crossing media an colliding on opposite roadway.</p> <p>Crossing barrier and colliding on collector-distributor roadway.</p> <p>Crossing shoulder and colliding on frontage roadway.</p> <p>EXCLUDES:</p> <p>Crossing centerline of multiple-lane roadway.</p> <p>Leaving roadway and returning to same roadway.</p> <p>Collision at intersecting roadway.</p>	Vehicle on Other Rdwy
Collision Involving Fixed Object	<p>Any crash involving a motor vehicle in transport and a fixed object.</p> <p>INCLUDES:</p> <p>Any object attached to the terrain.</p> <p>Tree, boulder, utility pole, traffic signals, guardrail, bridge, abutment, or similar objects.</p> <p>Any object intentionally placed for an official purpose; traffic barricades , road machinery, construction machinery, construction materials, or similar objects placed on or along the roadway placed for some purpose.</p> <p>EXCLUDES:</p> <p>Any object in motion.</p>	Fixed Object
Collision Involving Parked Motor Vehicle	<p>Any crash involving a motor vehicle in transport with a motor vehicle not in transport.</p> <p>INCLUDES:</p> <p>Motor vehicle parked in a place designed for parking, even though the permitted time period may have expired.</p> <p>Motor vehicle stopped or parked along the roadway where normal usage permits such stopping or parking, including parking adjacent to curbs and parking on traffic way shoulders.</p> <p>Motor vehicle stopped, disabled, or abandoned off roadway.</p> <p>Load in the process of falling from a parked motor vehicle.</p> <p><i>Continued next page</i></p>	Parked Vehicle

CRASH CLASSIFICATION	DESCRIPTIONS	"X" THIS BOX
Collision Involving Parked Motor Vehicle	<p>EXCLUDES:</p> <p>Motor vehicle stopped or parked in traffic lanes, such as double-parked, stalled, or abandoned vehicle. In tunnels or on bridges where parking is prohibited, or in a parking lot during the hours that it is required to be clear for traffic.</p> <p>Stopped or parked self propelled machinery even though such machinery is considered a motor vehicle when in transport.</p> <p>Load that has fallen from a parked motor vehicle.</p>	Parked Vehicle
Collision Involving Other Objects	<p>Any crash involving a motor vehicle in transport and any other object, which is moveable or moving.</p> <p>INCLUDES:</p> <p>Animal –drawn vehicle of any type.</p> <p>Animal carrying a person.</p> <p>Streetcar.</p> <p>Objects dropped from motor vehicle or other vehicles but not in motion.</p> <p>Special devices not considered in transport or as fixed objects.</p> <p>Fallen tree or stone.</p> <p>Landslide or avalanche materials not in motion.</p> <p>Pedal cycle not in transport.</p> <p>Railway devices moved by human power.</p> <p>Non-motorized devices not set in motion by railway train or railway vehicle.</p> <p>EXCLUDES:</p> <p>Objects set in motion by aircraft, watercraft, railway, or other motor vehicle.</p> <p>Objects set in motion by cataclysm, lightning, or other natural and environmental factors.</p>	Other Object

Definitions used in crash descriptions

IN TRANSPORT: is the state or condition of a vehicle when it is in use primarily for moving persons or property (including the vehicle itself) from one place to another and is

- In motion
- In readiness for motion
- On a roadway, but not parked in a designated parking area

IN MOTION: includes motion of a vehicle off a roadway as well as on a roadway.

IN READINESS FOR MOTION: does not apply to a vehicle which is in any area designated for parking or which is on a shoulder. A motor vehicle in a parking area or on a shoulder cannot be IN TRANSPORT unless the vehicle is IN MOTION.

ON A ROADWAY: excludes designated parking areas.

ROADWAY: the portion of a street or highway improved, designed, or ordinarily used for vehicular travel including the centerline. Excludes the berm, shoulder, median, roadside, and sidewalk.

PEDESTRIAN CONVEYANCE: is any human powered device by which a pedestrian may move, or by which a person may move another pedestrian, other than by pedaling. Includes: baby carriage, coaster wagon, ice skates, perambulator, push cart, roller skates, scooter, skis, sled, wheel chair, rickshaw. Excludes: any pedal cycle

PEDESTRIAN: is an person not in or upon a motor vehicle or other road vehicle. Includes: a person afoot, sitting, lying, or working upon a roadway. Person in or operating a pedestrian conveyance. Excludes: person boarding or alighting from another conveyance, except pedestrian conveyance. Person falling or jumping from a motor vehicle in transport.

LINE 6

VEHICLE NO. 1 HEADED	N	S	E	W	On:	Posted Speed	Safe Speed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

VEHICLE NO. 1 HEADED:

- “X” the appropriate box N-S-E-W to indicate the direction the vehicle was headed.
- Spell out the name of the street or highway.
- Place posted speed limit in the box labeled “Posted Speed”.
- In the “Safe Speed” box, indicate your opinion as to safe speed based on your observations of road, weather, traffic or other conditions existing at the time of the crash. If the safe speed differs from the posted speed, clarify your opinion of safe speed in the narrative portion of the report.

LINE 7

Driver's Full Name	Address
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(Pertains to Vehicle No. 1 Driver)

DRIVER'S FULL NAME - Enter driver's full name. The name should be verified by his/her Driver's License and other identification. (First, middle, last)

ADDRESS - Ask the driver for his/her address and compare with his/her Driver's License. Enter the correct address.

LINE 8

Driver's License Number	State	Type	Restrictions	Expires	City/State	Zip Code	Phone
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(Pertains to Vehicle No. 1 Driver)**DRIVER'S LICENSE NUMBER** – Enter the Driver's License number.**STATE** – Enter the state that issued the Driver's License.**TYPE** – Enter the class of Driver's License.**RESTRICTIONS** – List any restrictions shown on the Driver's License.**EXPIRES** – Enter expiration date of Driver's License.**CITY/STATE** – Enter City and State shown on the Driver's License.**ZIP CODE** – Enter Zip Code shown on the Driver's License**PHONE #** - Enter Driver's home phone or work phone number.**LINE 9**

Date of Birth – M/D/YR	Social Security Number	Occupation
------------------------	------------------------	------------

DATE OF BIRTH – Enter Driver's date of birth.**Example: Mo. 08/ Day 01/ Yr. 45****(Pertains to No. 1 Vehicle Driver)****SOCIAL SECURITY NUMBER** – Enter driver's Social Security Number.**OCCUPATION** – Enter driver's occupation.**LINE 10**

Seat Pos	Occupant's Name	Occupant's Address (City, State, Zip)
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(Pertains to Vehicle No. 1)**SEAT POSITION** - Enter the driver's and each passenger's seating position. When completing their "Seat Pos." use the seat position codes listed.**OCCUPANT'S NAME** - Enter the driver's and each passenger's names.**OCCUPANT'S ADDRESS** - Enter the driver's and each passenger's address.

LINE 11

Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS#
-----	--------------	------	-------------	---------	---------------------	------------------	---------	------

AGE - Enter the age for the driver and all passengers.

SEX - Enter the sex (M or F) for the driver and all passengers.

RACE – Enter the Race for the driver and all passengers.

INJURY CODE - Enter the appropriate injury code described in the list for driver and all passengers

Example: Enter “K” if killed.

OP CODE - Enter the appropriate occupant protection code in the list for driver and all passengers.

OP USED PROPERLY - Enter “Y” or “N” if occupant protection was used properly for driver and all passengers.

AIRBAG DEPLOY - Enter “Y” or “N” if airbag was deployed for driver and all passengers.

EJECTED - Enter “Y” or “N” if driver and/or passengers were ejected from the vehicle.

EMS # - Enter 4-digit EMS # from emergency vehicle.

LINE 12

Vehicle Yr	Vehicle Make	Color	Body Style	Cargo Body Type	Vehicle Use (1)	Vehicle Use (2)
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(Pertains to Vehicle No. 1)

VEHICLE YEAR - Enter the year the vehicle was manufactured.

VEHICLE MAKE - Enter vehicle make. Use abbreviations listed.

Example: Chevrolet: CHEV. Mercury: MERC., etc.

VEHICLE COLOR - Enter vehicle color. Use abbreviations from the table. When vehicle is of one color, the appropriate three-letter code is sufficient (i.e. GLD).

NOTE: When vehicle is more than one color, the order of listing shall be from top to bottom or front to rear. Use a slash (/) to separate (i.e. White top and Red bottom – WHI/RED).

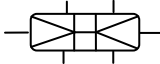
BODY STYLE - Use the listed codes for body style.

CARGO BODY TYPE – *(this applies only to large trucks and buses)* The cargo body type should be the one which best represents the purpose for which the vehicle was designed and built. When there is no type of Cargo Body attached to the vehicle, such as on a Truck / Tractor (Bobtail) mark “Not Applicable”. If the Cargo Body type does not match any of the listed marks “Other”.

VEHICLE USE (1) – *(this applies only to large trucks and buses)* Enter appropriate code using the “Vehicle Use 1” code table on backside of UCR of Page 1.

VEHICLE USE (2) – *(this applies only to large trucks and buses)* Enter appropriate code using the “Vehicle Use 2” code table on backside of UCR of Page 1.

LINE 13

Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overall Vehicle Damage: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None	Extent <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None	<input type="checkbox"/> RF <input type="checkbox"/> RR <input type="checkbox"/> F  <input type="checkbox"/> R <input type="checkbox"/> LF <input type="checkbox"/> LR <input type="checkbox"/> Top <input type="checkbox"/> Under carriage
--	---	--	---

TOWED – “X” if wrecked vehicle was towed. If moved to a garage, body shop, wrecking yard, etc. enter the name and city. If vehicle was drivable and driven away, write “destination”.

TOWED DUE TO DISABLING DAMAGE – “X” if vehicle was disabled due to damage or not.

OVERALL VEHICLE DAMAGE – “X” the severity of the damage to the vehicle.

EXTENT: - “X” extensiveness of damage to the vehicle.

VEHICLE DIAGRAM – “X” boxes on vehicle where damage occurred.

LINE 14

License Yr	State	License Plate Number	VIN
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LICENSE YEAR – Indicate the most current registration year

STATE – Enter the abbreviation of the state that issued the license plate.

LICENSE NUMBER – Enter the number that is shown on the license plate. **Do not** enter any validation sticker number.

VIN – Enter the vehicle identification number. The registration certificate should be used to verify the VIN.

LINE 15

US DOT	ICC Docket #	Interstate Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No
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US DOT NUMBER – *(this applies only to large trucks and buses)* Obtain from Single State Registration or on side of vehicle. If vehicle is not regulated enter N/A for not applicable. (Refers to Vehicle No. 1)

ICC DOCKET # - *(this applies only to large trucks and buses)* Obtain from Single State Registration or on side of vehicle.

INTERSTATE CARRIER – *(this applies only to large trucks and buses)* “X” in appropriate box.

LINE 16

Number of Axles	Gross Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> <or=10,000 lbs <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> >26,000	Hazmat Placard 4 digit # -	OR - Hazmat Name AND 1 digit #	Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No

NUMBER OF AXLES – *(this applies only to large trucks and buses)* Indicate number of axles of vehicle.

GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING – *(this applies only to large trucks and buses)* The GVWR for most vehicles is located on a metal plate on the driver’s door edge or door latch post. The GVWR for larger trucks is usually found on the driver’s side of the vehicle by opening the door and looking at the hinge pillar, door-latch post, or door edge. Mark appropriate box.

NOTE: The GVWR for BUSES is often difficult to locate. If you are unable to locate this information, obtain the GVWR from the vehicle registration. Mark appropriate box.

HAZMAT PLACARD – *(this applies only to large trucks and buses)* Most vehicles carrying hazardous materials are required by law to conspicuously display a placard indicating the class, type or the specific name of the hazardous materials cargo. All Placards are diamond shaped.

FOUR DIGIT PLACARD NUMBER – *(this applies only to large trucks and buses)* In addition, vehicles transporting hazardous materials in tank cars, cargo tanks or portable tanks are required to display the 4-digit Hazardous Material Number assigned to the specific material on placards or orange panels. If the vehicle displays a hazardous material placard with a 4-digit number, then enter that number in the space provided.

OR

HAZMAT NAME OR 1 DIGIT # - *(this applies only to large trucks and buses)* If the 4-digit number is not displayed, then the placard should have one of the following names on it. Enter this name in the space. One-digit Placard Number from Bottom of Diamond - If a 1-digit number also appears at the bottom tip of the diamond, enter it in the space provided

HAZMAT RELEASED – *(this applies only to large trucks and buses)* The purpose of this question is to record whether or not the placarded material was released. The correct answer is “YES” only if material was released from the cargo tank or compartment of the truck. Fuel spilled from the vehicle fuel tank should not be counted, even though it is a hazardous material.

LINE 17

Carrier's Name	Carrier's Address	Carrier's Zip
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CARRIER NAME - *(this applies only to large trucks and buses)* Enter the name of the motor carrier responsible for the shipment.

CARRIER ADDRESS – *(this applies only to large trucks and buses)* Indicate the principal place of business used by the carrier name above, city and state.

CARRIER ZIP CODE – *(this applies only to large trucks and buses)* Indicate state zip code where principal place of business is located.

NOTE: Determining the motor carrier and recording the carrier's identification number, name and address can be difficult. A motor carrier is the party responsible for the transportation of the goods, property or people, which means that the carrier name may be different from the name on the side of the truck due to contractual arrangements.

The first place you should look for a company name to verify the correct carrier is on **the SHIPPING PAPERS** the driver carries in the cab. In case of a bus, the driver must carry a **TRIP MANIFEST** or **CHARTER ORDER** which will provide the name of the motor carrier.

LINE 18

Owner's Name	Owner's Address	Owner's Zip	Owner's Telephone
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OWNER'S NAME - Enter the registered owner's name as found on the vehicle registration certificate. Do not enter the lien holder.

OWNERS ADDRESS - Enter registered owner's address. City and State may be abbreviated.

OWNERS ZIP CODE – Indicate owner's state zip code.

OWNER'S TELEPHONE – Enter owner's home or office telephone number.

LINE 19

Insured By: (Name of Company)	Policy Number	Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer or Towed vehicles	Type	Year	Make	License Yr	Lic. State	Lic. Number
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INSURED BY -Enter the vehicle owner's insurance company name.

POLICY NUMBER – Enter the policy number.

LIABILITY INSURANCE -“X” the “Yes” or “No” box to indicate if the vehicle owner has liability insurance.

(Refers to Vehicle No. 1)

NOTE: This should be the vehicles current and valid insurance information.

TRAILER OR TOWED VEHICLES:

TYPE – Enter the type of trailer or trailers according to the list:
(If towed vehicle is not a trailer refer to the previous list of vehicle types.)

YEAR – Indicate the year model of the trailer or trailers

MAKE – Abbreviate the manufacturer of the trailer(s) or vehicle(s) in tow.

LICENSE YEAR – Indicate the most current registration year.

LICENSED STATE – Indicate the state issuing the license plate.

LICENSED NUMBER – Indicate the state license plate number for the trailer(s) or vehicle(s) in tow. (If the trailer has more that one license plate, the “home state” plate will be used.)

LINE 20 thru 25

Indicate same type of information shown for vehicle 1.

If this portion is being used for **PEDESTRIAN INFORMATION LINE THRU**
“~~Vehicle No. 2~~” on Line 20 and “~~Driver~~” on Line 21. Pedestrian information should include the following:

- Line 20 except "Posted Speed" and "Safe Speed."
- Line 21
- Line 22 (if possible)
- Line 23
- Line 24
- Line 25 (Except "OP Code, OP Used Properly, Airbag Deploy, Ejected)

LINE 26 – 33 Indicate same type of information as shown for "Vehicle 1"

LINE 34

CRASH REPORT NUMBER:

0000000000

CASE NUMBER: 34

STATE OF NEW MEXICO UNIFORM CRASH REPORT

**NM DOT, CRASH RECORDS SECTION, PO BOX 1149, SANTA FE,
NM 87504**

SHEET

**OF
SHEETS**

UNIFORM CRASH REPORT NUMBER – Number generated from NMDOT.

STATE OF NEW MEXICO UNIFORM CRASH REPORT NUMBER – Number assigned by the New Mexico Department of Transportation.

CASE NUMBER – Number assigned by the respective law enforcement agency.

SHEET OF SHEETS – Indicate the sheet number and the total number of forms, pages of supplementary narratives, passenger lists, diagrams, etc...

Example 1:

One form used

Sheet 1 of 2 Sheets

Example 2:

One form and one Diagram/Narrative used

Sheet 1 of 3 sheets

Sheet 2 of 3 sheets

Sheet 3 of 3 sheets

ILLUSTRATION NUMBER 2

LINE 35

Road Weather

ROAD - WEATHER	LIGHTING Mark 1 with X)	WEATHER R (Mark 1 with X)	ROAD COND (Mark 1 each with X)	ROAD SURFACE Mark 1 each with X)	TRAFFIC CONTROL (Mark 1 each with X)	ROAD CHARACTER (Mark 1 with X)	CRASH REPORT NUMBER:0000000000 CASE NUMBER:		
	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Lighted <input type="checkbox"/> Dark-Not Lighted <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Dry <input type="checkbox"/> <input type="checkbox"/> Wet <input type="checkbox"/> <input type="checkbox"/> Snow <input type="checkbox"/> <input type="checkbox"/> Ice <input type="checkbox"/> <input type="checkbox"/> Loose Material <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> <input type="checkbox"/> Slush	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Paved <input type="checkbox"/> <input type="checkbox"/> Unstriped <input type="checkbox"/> <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> <input type="checkbox"/> Paved Center & Edge line <input type="checkbox"/> <input type="checkbox"/> Unpaved	V1 V2 <input type="checkbox"/> <input type="checkbox"/> No Passing Zone <input type="checkbox"/> <input type="checkbox"/> Stop Sign <input type="checkbox"/> <input type="checkbox"/> Traffic Signals <input type="checkbox"/> <input type="checkbox"/> Yield Sign <input type="checkbox"/> <input type="checkbox"/> R.R. Gate <input type="checkbox"/> <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> <input type="checkbox"/> Flashers <input type="checkbox"/> <input type="checkbox"/> No Controls <input type="checkbox"/> <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve	GRADE (Mark 1 with X)	ROAD DESIGN (Mark 1 or more for each with X)	
					<input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1 Lane <input type="checkbox"/> <input type="checkbox"/> 2 Lanes <input type="checkbox"/> <input type="checkbox"/> 3 Lanes <input type="checkbox"/> <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> <input type="checkbox"/> Undivided <input type="checkbox"/> <input type="checkbox"/> Physical Divider <input type="checkbox"/> <input type="checkbox"/> Painted Divider	V1 V2 <input type="checkbox"/> <input type="checkbox"/> One Way <input type="checkbox"/> <input type="checkbox"/> Ramp <input type="checkbox"/> <input type="checkbox"/> Full Access Control <input type="checkbox"/> <input type="checkbox"/> Undeveloped <input type="checkbox"/> <input type="checkbox"/> Alley <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Constr. Zone		

- LIGHTING** – Place an “X” in the box next to appropriate lighting condition. If some condition other than the specific ones exists, place an “X” next to “other” and specify what lighting condition exists below this box. Check one condition only.
- WEATHER** – Place an “X” in the box next to the appropriate weather condition. If some condition other than the specific ones exists, place an “X” next to “other” and specify what weather condition exists below this box. Check only one condition. An example of “other” sandstorm.
- ROAD CONDITION** – Place an “X” in the box provided for each vehicle to describe the road conditions.
- ROAD SURFACE** – Place an “X” in the box for the applicable road surface for each vehicle. Only one box for each vehicle should be marked.
- TRAFFIC CONTROL** – Place an “X” in the box provided for each vehicle showing the traffic control provided at the intersection or highway.

6. **ROAD CHARACTER** – “X” the applicable block, which best describes the road character for the crash location.
7. **ROAD GRADE** – “X” the one block, which most describes the road grade for the crash location.
8. **ROAD DESIGN** – Place an “X” in one or more of the blocks for each vehicle. The numbers of lanes refers to the number available to one vehicle.

The following are descriptions of the various types of roadways:

1. **Two-way, not divided** - Two-way traffic street or highway with opposing lanes of traffic, separated by nothing more than a standard painted centerline. As long as the markings are not more than two feet in overall width it is considered “not physically divided.” If the overall width of the markings exceeds two feet, it should be classified as “Two-way, divided, unprotected median”.

2. **Two-way, divided, unprotected median** – Two-way traffic street or highway with opposing lanes of traffic separated by a median. Medians may be depressed, raised or flush with the pavement surface and may be grass, landscaped or constructed of asphalt or concrete. A continuous left-turn lane is physical separation.

3. **Two-way, divided, positive median barrier** - Two-way traffic highway with opposing lanes of traffic separated by a concrete wall, guardrail or other barrier intended to restrain or redirect an errant vehicle.

4. **One-way, not divided-** roadway, including ramps, one-way streets, etc., which serves traffic moving in only one direction.

5. **Unknown-** If roadway does not meet any of the above, mark this box.

Example 1: On an interstate highway in an urban area, a tractor/semi-trailer collided with a passenger car resulting in severe injuries to the car’s driver. The opposing direction of the interstate was separated by a narrow concrete barrier. The correct box is “Two-way, divided, positive median barrier”.

Example 2: A truck was exiting an interstate highway and rolled over on a sharp curve while still on the exit ramp. The correct code is “One-way, not divided”.

Crashes at intersections require special attention. The proper code for a reportable crash at an intersection would be the type of roadway on which the truck or bus was traveling just prior to the crash.

Example 1: A truck was exiting an interstate highway and collided with a passenger car in the middle of the intersection where the interstate ramp met a four lane cross street.

Since this crash occurred in the middle of the intersection and the truck had been traveling on the ramp just prior to the collision, the correct code is “One-way, not divided”.

LINE 36 Event

APPARENT CONTRIBUTING FACTORS (Mark 1 or more for each with X)			WHAT DRIVERS WERE DOING (Mark 1 or more for each with X)		SEQUENCE OF EVENTS (See event codes)	
EVENT	V1 V2	V1 V2	V1 V2	V1 V2	V1 V2	
	<input type="checkbox"/> <input type="checkbox"/> Excessive Speed	<input type="checkbox"/> <input type="checkbox"/> Following too closely	<input type="checkbox"/> <input type="checkbox"/> Defective steering	<input type="checkbox"/> <input type="checkbox"/> Going Straight	<input type="checkbox"/> <input type="checkbox"/> Stopped for traffic	
	<input type="checkbox"/> <input type="checkbox"/> Speed too fast for conditions	<input type="checkbox"/> <input type="checkbox"/> Made improper turn	<input type="checkbox"/> <input type="checkbox"/> Defective tires	<input type="checkbox"/> <input type="checkbox"/> Overtaking – Passing	<input type="checkbox"/> <input type="checkbox"/> Stopped for sign/signal.	FIRST EVENT
	<input type="checkbox"/> <input type="checkbox"/> Failed to yield right of way	<input type="checkbox"/> <input type="checkbox"/> Driver inattention	<input type="checkbox"/> <input type="checkbox"/> Other mechanical defect	<input type="checkbox"/> <input type="checkbox"/> Right Turn	<input type="checkbox"/> <input type="checkbox"/> Start in traffic lane	SECOND EVENT
<input type="checkbox"/> <input type="checkbox"/> Passed stop sign	<input type="checkbox"/> <input type="checkbox"/> Under influence of alcohol	<input type="checkbox"/> <input type="checkbox"/> Road defect	<input type="checkbox"/> <input type="checkbox"/> Left Turn	<input type="checkbox"/> <input type="checkbox"/> Start from park		
<input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signal	<input type="checkbox"/> <input type="checkbox"/> Other improper driving	<input type="checkbox"/> <input type="checkbox"/> Other – No driver error	<input type="checkbox"/> <input type="checkbox"/> U Turn	<input type="checkbox"/> <input type="checkbox"/> Parked		
<input type="checkbox"/> <input type="checkbox"/> Drove left of center	<input type="checkbox"/> <input type="checkbox"/> Pedestrian error	<input type="checkbox"/> <input type="checkbox"/> Traffic control not functioning	<input type="checkbox"/> <input type="checkbox"/> Slowing	<input type="checkbox"/> <input type="checkbox"/> Other		THIRD EVENT
<input type="checkbox"/> <input type="checkbox"/> Improper overtaking	<input type="checkbox"/> <input type="checkbox"/> Inadequate brakes	<input type="checkbox"/> <input type="checkbox"/> Improper lane change	<input type="checkbox"/> <input type="checkbox"/> Backing			
<input type="checkbox"/> <input type="checkbox"/> Avoid no contact vehicle	<input type="checkbox"/> <input type="checkbox"/> Driverless moving vehicle	<input type="checkbox"/> <input type="checkbox"/> Improper backing				
<input type="checkbox"/> <input type="checkbox"/> Avoid no contact – other	<input type="checkbox"/> <input type="checkbox"/> Failed to yield–Police Vehicle(s)	<input type="checkbox"/> <input type="checkbox"/> None				
<input type="checkbox"/> <input type="checkbox"/> Cell Phone	<input type="checkbox"/> <input type="checkbox"/> Failed to yield–Emergency Veh(s)					FOURTH EVENT
<input type="checkbox"/> <input type="checkbox"/> Low visibility due to smoke	<input type="checkbox"/> <input type="checkbox"/> High speed pursuit					

- APPARENT CONTRIBUTING FACTORS** – Place an “X” next to the appropriate circumstance or circumstances for each driver. It is possible to mark more than one box for a driver. If another circumstance existed that is not listed, place an “X” next to “other” and specify the circumstance under the box. Even though a driver may be extremely intoxicated, alcohol may not be a contributing factor to the crash.
- WHAT DRIVERS WERE DOING** – Place an “X” on the block most applicable for each vehicle involved. EXAMPLE: If a vehicle is passing while going straight ahead, place an “X” in OVERTAKING-PASSING.
- SEQUENCE OF EVENTS** – *(this applies only to large trucks and buses)* Enter the code in the order of events which occurred involving this vehicle. In other words, if an automobile and a tractor trailer were involved in a crash, the sequence of events starts with the first event that happened to the tractor trailer, regardless of what happened to the first automobile. Only the **first four events** should be reported. Because this can be somewhat confusing, the following are examples of how this section should be filled in:

Example 1: A tractor/semi-trailer goes out of control on an icy roadway and eventually strikes a bridge abutment and overturns. The tractor then catches fire after overturning. The following codes are entered to properly describe the sequence of events for this crash:

- Event 1:** (Ran Off Road)
Event 2: (Collision Involving Fixed Object)
Event 3: (Overturned)
Event 4: (Explosion or Fire)

Example 2: An automobile strikes a guardrail and then strikes a single unit truck. The truck then overturns and loses its cargo. The following sequence should be entered for this crash:

- Event 1:** (Collision Involving Vehicle in Transport)
Event 2: (Overturned)
Event 3: (Cargo Lost or Shifted)

The reason that the first event was not reported (collision Involving fixed object) was because this event did not involve the truck. The first event which involved the truck was the collision with the automobile.

LINE 37

Driver

	DRIVER OR PEDESTRIAN SOBRIETY	DRIVER OR PEDESTRIAN PHYSICAL CONDITION	PEDESTRIAN ACTION			
	Mark 1 or more for each with X) 3	(Mark 1 or more for each with X)	At Intersection	Not at Intersection		
DRIVER	D1 D2	D1 D2 D1 D2	P1 P2	P1 P2	P1 P2	P1 P2
	<input type="checkbox"/> <input type="checkbox"/> Consumed Alcohol	<input type="checkbox"/> <input type="checkbox"/> Fatigue-Asleep	<input type="checkbox"/> <input type="checkbox"/> With Signal	<input type="checkbox"/> <input type="checkbox"/> From Behind Obstruction	<input type="checkbox"/> <input type="checkbox"/> Walking Against Traffic	<input type="checkbox"/> <input type="checkbox"/> Standing
	<input type="checkbox"/> <input type="checkbox"/> Consumed a Controlled Substance	<input type="checkbox"/> <input type="checkbox"/> Medication	<input type="checkbox"/> <input type="checkbox"/> Against Signal	<input type="checkbox"/> <input type="checkbox"/> No Crosswalk	<input type="checkbox"/> <input type="checkbox"/> Pushing or Working on Vehicle	<input type="checkbox"/> <input type="checkbox"/> Playing in Road
	<input type="checkbox"/> <input type="checkbox"/> Had Not Consumed Alcohol	<input type="checkbox"/> <input type="checkbox"/> Eyesight Imp.	<input type="checkbox"/> <input type="checkbox"/> No Signal	<input type="checkbox"/> <input type="checkbox"/> Crosswalk	<input type="checkbox"/> <input type="checkbox"/> Walking W/Traffic	<input type="checkbox"/> <input type="checkbox"/> *Other
	<input type="checkbox"/> <input type="checkbox"/> Sobriety Unknown	<input type="checkbox"/> <input type="checkbox"/> Hearing Imp.	<input type="checkbox"/> <input type="checkbox"/> Diagonal	<input type="checkbox"/> <input type="checkbox"/> *Other		
	<input type="checkbox"/> <input type="checkbox"/> Consumed Medication	<input type="checkbox"/> <input type="checkbox"/> Ill				
	<input type="checkbox"/> <input type="checkbox"/> Breath Test Administered	<input type="checkbox"/> <input type="checkbox"/> Amputee				
	<input type="checkbox"/> <input type="checkbox"/> _gms/210L - _gms/210L	<input type="checkbox"/> <input type="checkbox"/> No App. Defects				
	<input type="checkbox"/> <input type="checkbox"/> Blood Test Administered	<input type="checkbox"/> <input type="checkbox"/> *Other Physical Impairment				
	<input type="checkbox"/> <input type="checkbox"/> Field Sobriety Test					
	<input type="checkbox"/> <input type="checkbox"/> Refused Test					

- 1. DRIVER OR PEDESTRIAN SOBRIETY** – Based on your investigation and observations indicate the sobriety of each driver involved. This block applies to both alcohol and narcotic drugs. More than one block can be checked for each driver.
- 2. DRIVER OR PEDESTRIAN PHYSICAL CONDITION** – Indicate the apparent physical condition of each driver or pedestrian involved. The term “medication” will include any legal prescription drug or over-the-counter medication such as cough syrup or aspirin as well as illegal drugs of any type.

3. **PEDESTRIAN ACTION** – Place an “X” in the appropriate box provided for what the pedestrian was doing before the crash.

LINE 38

NARRATIVE	Describe what happened – refer to vehicles by number.
	<p>Use Diagram/Narrative Sheet for additional information</p>

CRASH NARRATIVE - Use short sentences to describe how the crash happened.

1. Describe and explain important and pertinent information such as the direction and manner of travel before and during the crash, evasive action, and events of the crash to provide a clearer picture of what happened.
2. Narrative subject areas to be considered: Introductory paragraph, Driver statements, Witness statements, Vehicle examination, Scene examination, Opinions/Conclusions; Other paragraphs dealing with the investigation.
3. Avoid the use of vague statements.
4. Do not repeat facts found in other parts of the report, but you may emphasize or explain any point that needs clarification.
5. State if the crash involved DWI/DUI. **Document** if breath and/or blood test were administered. If so, **document** results if available.
6. If more space is needed, use the supplemental Diagram/Narrative.

The above information, properly correlated with an examination of the vehicle and statements from principals and witnesses, gives an investigator clues as to *why* the crash happened.

LINE 39

OTHER PROPERTY INVOLVED	DESCRIPTION OF PROPERTY AND DAMAGE			
	Owner's Name	Owner's Address	Owner's Zip Code	Owner's Telephone

OTHER PROPERTY INVOLVED – Describe the property other than vehicle damaged in the crash.

OWNER'S NAME – Enter the property owner's name.

OWNER'S ADDRESS – Enter the property owner's address.

OWNERS ZIP CODE – Enter the property owner's zip code.

OWNERS TELEPHONE # - Enter the property owner's telephone number.

LINE 40

WITNESS	NAME	AGE	ADDRESS	TELEPHONE

WITNESS – Enter witness name.

AGE – Enter the age of witness.

ADDRESS - Enter address of witness (address, city, state, zip code).

TELEPHONE – Enter telephone number of witness (work, home, cell phone).

LINE 41

ENFORCEMENT ACTION	VEH. NO.	NAME	VIOLATION (COMMON NAME)	ACTION
				<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending
				<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending
				<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending

ENFORCEMENT ACTION:

Vehicle Number – Enter the vehicle number of violator.

Name – Enter the name of the violator(s).

Violation – Enter the common name of the violation(s).

Action – “X” if booked
 “X” if cited
 “X” if pending

LINE 42

Time Notified	Time Arrived	Notified By	Supervisor at Scene	Checked By

Time Notified – Enter military time.

Time Arrived – Enter military time.

Notified By – If possible, try to obtain the name and address of persons calling in the crash. If information is received by radio, enter “via radio” or “via State Police, Albuquerque”, “via Roswell Police Department Radio”, etc...

Supervisor at Scene – If supervisor is present, enter name, rank, otherwise enter “none”.

Checked By – This box is to be used for the supervisor checking report prior to the final submission.

LINE 43

Officer's Signature	Rank	ID No.	District	Date of Report
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Officer's Signature - Sign the report with a black ballpoint pen.

Rank – Enter officer's rank.

ID No. – Enter officer's ID number.

District – Enter if District or Division.

Date of Report – Enter date of report.

The report is complete.

GENERAL INSTRUCTIONS FOR COMPLETING THE DIAGRAM/NARRATIVE

1. A Diagram / Narrative Form may be used for additional narrative, diagram, or other information helpful in clarifying the information found on the original report form. The Uniform Crash Report number, Case Number, Diagram Drawn by, Measurements taken by, and sheet number of the diagram/narrative must be shown. It will be necessary to identify specific location, date of crash, drivers, or owners of vehicles. It will be necessary to identify vehicles as they are numbered on the original report, to identify the county and/or city in which the crash occurred, and the time the crash occurred.

Three types of crash diagrams are used:

1. Field sketch which the officer keeps.
2. Finished diagram on the crash report or on an additional 8 ½ x 11 piece of paper (supplementary).
3. A large court exhibit, which can be, completed anytime prior to the court trial.

The diagram should be drawn with the necessary information to provide the reader with a picture of what occurred. A good diagram will clarify the word picture given in the description of what happened.

A ruler or template should be used on all diagrams. Measurements are necessary for reconstruction and should be used on all diagrams. Show the direction of north by an arrow inserted in the circle in the upper right hand corner of the diagram block.

When drawing a diagram, draw vehicles to an approximate scale and number each vehicle as on the first page of the crash report. Label objects with a number and label measurements with a letter.

The horizontal distance from the edge of the driving lane to a struck fixed object and/or to the final resting position of the crash vehicle is an extremely useful measurement for analyzing highway design standards and should be reported whenever possible.